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COVER LETTER

TO:		istration Se ision of Cor					
CIID I	ren.	Gulf Coast	High Tech Window Fashions I	LLC			
SUBJ	EC1;	Name of Limited Liability Company					
The er	nclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return	all correspo	ndence concerning this matter	to the following:			
		ivision of Corporations Gulf Coast High Tech Window Fashions LLC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Susan Ferguson Name of Person Gulf Coast High Tech Window Fashions LLC Firm/Company 5449 Jobeth Drive Address New Port Richey, FL 34652 City/State and Zip Code susanferguson@gotchacovered.com E-mail address: (to be used for future annual report notification) rinformation concerning this matter, please call:					
			· · · · · · · · · · · · · · · · · · ·	Name of Person			
			Gulf Coast High Tech Win	ndow Fashions LLC			
Firm/Company							
5449 Jobeth Drive							
	Address						
			New Port Richey, FL 3465	2			
			**************************************	City/State and Zip Code			
				•	ication)		
For fu	rther ir	oformation co	oncerning this matter, please ca	all:			
Susan	Fergu	son					
		Name of	f Person		: Telephone Number		
Enclos	sed is a	check for th	e following amount:				
№ \$2	25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

t is submitted to amend the following: g name, enter the new name of the limited liability company here: It be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." cipal offices address, if applicable: E address MUST BE A STREET ADDRESS) See Address, if applicable: See Address, if applicable:	GULF COAST HIGH TECH WINDOW FA: (Name of the Limited Liability)	•	rs on our records.)	
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	maning address MAT DEATOST OF FICE BOA			# ## ###
ng the registered agent and/or registered office address on our records, enter the name of	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis	5449 JOBETH NEW PORT RI	DRIVE ICHEY, FL 34652	
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· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·	Name of New Registered Agent:			
t and/or the new registered office address here:	New Registered Office Address: 5449 J	OBETH DRIVE		
of New Registered Agent:	11011 Hogistolog Office Municipa.	Enter Flo	rida street address	
of New Registered Agent: Legistered Office Address: 5449 JOBETH DRIVE	NEW	PORT RICHEY	Flárida	34652
of New Registered Agent: Legistered Office Address: 5449 JOBETH DRIVE		City	, FIORIUM	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSAN FERGUSON	5449 JOBETH DRIVE	
		NEW PORT RICHEY, FL 34652	■ Remove
			Change
AMBR	SUSAN FERGUSON	5449 JOBETH DRIVE	⊒ Add
		NEW PORT RICHEY, FL 34652	Remove
		 	Change
AMBR	ERNESTO P. RODRIGUEZ	5449 JOBETH DRIVE	
		NEW PORT RICHEY, FL 34652	□ Remove
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record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.		e earlier
Signature of a member or authorized representative of a member of		
Susan Terguson Signature of a member or authorized representative of a mem	ber	
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Page 3 of 3

Filing Fee: \$25.00